private Hospital give credit facilities only in the case of the specified categories of CGHS cardholders/emergency medical conditions. Government employees covered under CGHS get reimbursement of medical expenses from the Dept. concerned where they are working.

(d) As para 11 of the aforesaid O.M. dated 23-12-2002 and the Memorandum of Agreement (MOA) entered into by the Government with each of the CGHS recognised private Hospitals, these hospitals/diagnostic centres cannot charge the CGHS beneficiaries more than the ceiling rates prescribed in the said O.M.

Rashtriya Arogya Nidhi

4556. SHRI NANA DESHMUKH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have constituted a Rashtriya Arogya Nidhi to provide medical assistance to helpless and poor people;

(b) if so, the details of the scheme; and

(c) how Government would help the poor and needy patients to obtain the aid for getting themselves cured?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) to (c) Rashtriya Arogya Nidhi has not been set up recently. Only the name of National Illness Assistance Fund which was set up in 1997 has been changed as "Rashtriya Arogya Nidhi" *vide* Government's Resolution No. W-11011/2/2003-NIAF dated 8-4-2003. The Rashtriya Arogya Nidhi provides financial assistance to patients, living below poverty line who are suffering from major life threatening diseases, to receive medical treatment at any of the Government/Superspeciality Hospitals/Institutes. The financial assistance to poor patients is released in the form of 'one-time grant'.

India as Global Health Care Destination

4557. SHRI P. PRABHAKAR REDDY :

SHRI VIJAY J. DARDA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have decided to embark upon a grand scheme to make India the hub of global health care destination;

(b) if so, the steps proposed to be taken to upgrade our Hospitals to International standards;

(c) whether the Budget proposals for 2003-2004 contain any specific incentive in this regard;

(d) if so, the details thereof; and

(e) whether Government propose to introduce community based universal health insurance scheme for the poor so that all sections of the society get quality health care?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) Yes, Sir. However, there is no specific scheme to upgrade the hospitals to international standards as upgradation of hospitals is an ongoing process.

(c) and (d) The incentives include, *inter alia* concessions in income tax to such financial institutions as provide long term capital to private hospitals with 100 beds or more; increase in rate of depreciation in respect of life saving medical equipment, facilitate upgradation and replacement; reduction in customs and excise duty on life saving equipment and a large number of life saving drugs; encouraging foreign direct investment and liberalizing it further by putting almost all items/activities on the automatic route and allowing certain percentage of imports of specified items against foreign exchange earnings obtained from provision of health services.

(e) Yes, Sir.

Registered pharmacists in the distribution and sale of drugs

4558. SHRI K.B. KRISHNA MURTHY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that pharmacy students in Karnataka have been agitating that the existing system of involvement of registered pharmacists in the distribution and sale of drugs be continued; and

(b) if so, whether Government propose to ensure that medicines are not allowed to be dispensed by persons who have no basic knowledge of drugs in Karnataka?